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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No. 60426-322; 2000P07678US01
	First Inventor or Application Identifier Nahaa, Pratik, et al
	Title Effortless Entry System
	Express Mail Label No. EL 747230592 US

APPLICATION ELEMENTS See MPEP chapter 800 concerning utility patent application contents	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington DC 20231
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1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) [Total Pages 14]	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]	ACCOMPANYING APPLICATION PARTS
4. Oath or Declaration [Total Pages 7]	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assigned)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)	9. <input type="checkbox"/> English Translation Document (if applicable)
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
* NOTE FOR ITEMS 1 & 3: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	11. <input type="checkbox"/> Preliminary Amendment
	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
	14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	15. <input checked="" type="checkbox"/> This application claims priority to Provisional Serial No. 60/211,068, 6-13-00, and 60/213,003, 6/21/00
	16. <input checked="" type="checkbox"/> Other: Certificate of Express Mail

16. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment: Prior application information: Examiner _____ Group / Art Unit _____ Prior application No. _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)
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17. CORRESPONDENCE ADDRESS	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 024500 (Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> Correspondence address below
Name _____	
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Name (Print/Type) Anthony P. Cho	Registration No. (Attorney/Agent) 47,209
Signature _____	Date June 6, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 750.00)

Complete if Known

Application Number Herewith
Filing Date Herewith
First Named Inventor Nabata, Pratik, et al.
Examiner Name
Group Art Unit
Attorney Docket No. 60426-322; 2000P07678US01

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to

Deposit Account Number 50-1482
Deposit Account Name Carlson, Gaskey & Olds, P.C.

☒ Charge Any Additional Fee Required

☐ Applicant claims small entity status
See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710.00
106	320	206	160	Independent claims in excess of 3	
107	490	207	245	Multiple dependent claim, if not paid	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$ 710.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20	-20** =	X	
3	-3** =	X	
Multiple Dependent			

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 over original patent

SUBTOTAL (2) (\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	590	217	445	Extension for reply within third month	
118	1,390	218	895	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00)

SUBMITTED BY

Name (Print/Type) Anthony P. Cho
Signature

Registration No. (Agent/Attorney) 47,209

Complete if applicable


Telephone 248 988-8360
Date June 6, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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CLINICAL

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner of Patents, Box Patent Application, Washington, D. C. 20231.


Theresa M. Palmateer

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